MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/618971	7-19-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
(1)	1							51						
2		1						52						
3		1						53						
4		1						54						
5								55	1					
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10		1						60						
11								61						
12		1						62						
13		1						63						
14								64						
15		1						65						
16								66						
17		1						67						
18								68						
19								69						
(20)	1							70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25		1						75						
26		1						76						
27		1						77						
28		1						78						
29		1						79						
30		1						80						
(31)	1							81						
32		1						82						
33		1						83						
34	1							84						
35		1						85						
(36)	1							86						
37	1							87						
38	1							88						
39								89						
40	1							90						
41		1						91						
42	1							92						
43		1						93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	39							TOTAL DEP.						
TOTAL CLAIMS	43							TOTAL						